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appropriate. All further corre- indicated unless corrected be maintenance fee notifications.	low or directed othe	rwise in Block 1, by (a					
CURRENT CORRESPONDENCE	ADDRESS (Note: Use Blue	k 1 for any change of address)	Note Fee(pape	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
68203 7590) 11/17/2	008	nave	Certificate of Mailing or Transmission			
PELCO			Į her	eby certify that this	Fee(s) Transmittal is being	g deposited with the United	
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/800,286	03/12/2004		Daniel R. DaSilva		7896.36	1304	
TITLE OF INVENTION: RU	LE-BASED DIGITA	AL VIDEO RECORDER					
APPLN. TYPE S	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	. 02/17/2009	
EXAMINER	1	ART UNIT	CLASS-SUBCLASS				
DANG, HUNG Q 2621			386-046000	,			
1. Change of correspondence CFR 1.363). Change of corresponde Address form PTO/SB/122 "Fee Address" indicatic PTO/SB/47; Rev 03-02 or Number is required.	ence address (or Change) attached.	ge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND I	RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print or type	ne)			
PLEASE NOTE: Unless a recordation as set forth in	an assignee is identif 37 CFR 3.11. Compl	ied below, no assignee etion of this form is NO	data will appear on the part of a substitute for filing an	atent. If an assigne assignment.	ee is identified below, the	document has been filed for	
(A) NAME OF ASSIGNE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
PElco, INC			Clavis, California				
Please check the appropriate assignce category or categories (will not be printed on the patent) : 🔲 Individual 🔀 Corporation or other private group entity 🗋 Government							
4a. The following fee(s) are so			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504/36 (enclose an extra copy of this form).				
5. Change in Entity Status (a. Applicant claims SM			□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
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Authorized Signature	211	Rain-		Date 6/	1/6/09		
Typed or printed name	PAUL T.)	CAShimba			029,180		
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